

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Caregivers and Californians United Against the Recall of Governor Newsom, sponsored by the National Union of Healthcare Workers			<b>Date of This Filing</b> <u>03/09/2021</u>	Date Stamp      Page 1 of 2	<div style="background-color: black; color: white; padding: 10px; display: inline-block;"> <b>CALIFORNIA FORM 497</b> </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (510)834-2009	<b>I.D. NUMBER</b> (if applicable) 1435892	<b>Report No.</b> <u>003968-LG</u>			
<b>STREET ADDRESS</b>  					
<b>CITY</b> Emeryville	<b>STATE</b> CA	<b>ZIP CODE</b> 94608	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>No. of Pages</b> <u>2</u>					

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/02/2021	Assemblymember Phil Ting's Ballot Measure Committee; State of Opportunity Sacramento, CA 95841  ID# 1391310	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
02/19/2021	National Union of Healthcare Workers Emeryville, CA 94608	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$40,000.00
03/09/2021	Rendon Ballot Measure Committee to Keep California Competitive Long Beach, CA 90807  ID# 1357445	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>AREA CODE/PHONE NUMBER</b> (510)834-2009	<b>I.D. NUMBER</b> (if applicable) 1435892	<b>Report No.</b> 003968-LG			
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Emeryville	<b>STATE</b> CA	<b>ZIP CODE</b> 94608	<b>No. of Pages</b> 2		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: